Virginia Department of Corrections

Health Services

Operating Procedure 720.2

Medical Screening, Classification, and Levels of Care

Authority:
Directive 720, *Health Care Services*

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in November 2021 and determined that no changes are needed.

The content owner reviewed this operating procedure in October 2022 and necessary changes are being drafted.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Activities of Daily Living (ADL) - Any individual activity including basic self-care, performing manual tasks, walking, talking, hearing, seeing, breathing, learning, and working, etc. and including major bodily functions (non-exhaustive list).

Assisted Living - The care for inmates who require assistance with two or more activities of daily living.

Chronic Care Clinic - Health care provided to inmates over a long period of time; health care services provided to inmates with long-term health conditions or illnesses (asthma, diabetes, cardiac, hypertension, seizure, mental health, and human immunodeficiency virus (HIV), Hepatitis C virus (HCV); care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

Consultant Care - Recommended treatment of a medical condition by a clinical specialist, either within the DOC or in the private sector, for conditions beyond the scope of services available at the facility or that can be provided by the attending Physician.

Convalescent Care - Health care provided to an inmate over a period of time to assist in the recovery from an illness, injury, or surgery.

Convalescent Unit - Beds located in the medical area that provide a higher level of care that can be managed in the outpatient general population setting, but the patient does not require infirmary or hospital care.

Disability - An actual physical or mental impairment that substantially limits one or more major life activities; or a record of such impairment; or being regarded as having such an impairment.

Emergency Care/Treatment - Treatment of an acute injury or illness that requires immediate medical attention.

Health Authority - The individual who functions as the administrator of the facility medical department.

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as Physician, Psychiatrist, Dentist, Optometrist, Nurse Practitioner, Physician Assistant, and Psychologist.

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience.

Health Trained Staff - A DOC employee, generally a Corrections Officer, who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency.

Hospital Care - Inpatient care for a medical condition that requires twenty-four hour clinical management in a facility licensed to provide such service.

HSU Clinical Coordinator - The person in the Health Services Unit who is responsible, by job description, for transferring inmates either from a hospital, an infirmary, or a population to a facility that can provide the appropriate health care environment.

Impairment - A medically documented physiological condition or disorder affecting a body system; the condition must be of a permanent or long-term nature.

Infirmary - A specific area within a facility, separate from other housing areas, where inmates are admitted for skilled nursing care under the supervision and direction of a health care practitioner/provider

Intra-system Transfer - Transfer of an inmate or CCAP probationer/parolee from one institution to another, from an institution to a Community Corrections Alternative Program (CCAP), or for transfer from one CCAP to another within the Department of Corrections

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular

dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Reasonable Accommodation - A modification, action, or adjustment that will assist an inmate or CCAP probationer/parolee with a disability in the performance of essential functions or that is necessary to prevent an inmate or CCAP probationer/parolee with a disability from being excluded from participation in or being denied the benefits of the services, programs and/or activities of the facility or subjected to discrimination by the facility without causing an undue hardship to the facility or to the safety and security of the inmate or CCAP probationer/parolee, or any other person.

Self-Care - Treatment of a condition that can be accomplished solely by the inmate or CCAP probationer/parolee.

Telehealth - The provision of remote medical and/or mental health care by a two-way, real-time electronic interactive communication between the patient and the practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio equipment.

Tuberculin Skin Test (TST) - A test given to screen for the possibility of infection with tuberculosis.

Undue Hardship - An accommodation that would be unduly costly, extensive, substantial, or disruptive; undue hardship refers not only to financial difficulty, but to accommodations that would fundamentally alter the nature or operation of the business or work performed by or at the unit or creates a direct threat to the health and safety or others. Undue hardship is an extremely high legal standard to establish for a state agency.

Utilization Manager (UM) - Person responsible for reviewing, approving, and suggesting alternative plans to consultation requests; the UM or designee is also responsible for training users and maintaining the UM process.

PURPOSE

This operating procedure provides guidance to establish baseline data for use in subsequent care, treatment, and appropriate medical classification of inmates/probationer/parolee incarcerated in Department of Corrections (DOC) facilities. It also includes provisions for 24-hour inpatient care for acute illnesses, injuries, surgeries, and appropriate medical support services requiring convalescent or chronic care. Facilities will provide varying levels of health care to inmates/probationers/parolees as needs indicate.

PROCEDURE

I. Screening and Classification (2-CO-4E-01)

A. The DOC protects the health and wellbeing of inmates and employees through prompt health status screenings of each arriving inmate.

B. The facility's health care provider should review inmate health care records upon arrival from outside health care entities, including those from inside the correctional system. (5-ACI-6A-04; 4-4347)

C. All inmates must be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a medical or mental health screening, appraisal, or examination. (§115.61 [c], §115.261[c])

II. Intake Health Screening (5-ACI-6A-21; 4-4362; 4-ACRS-4C-06)

1. An intake health screening will be performed by health-trained staff or a health care provider, immediately upon the inmate's/probationer's/parolee's arrival into the DOC, i.e., at a Reception and Classification Center or Community Corrections Alternative Program (CCAP). (5-ACI-5A-01; 4-4285) The purpose of the health intake screening is to ensure that emergent and urgent inmate/probationer/parolee health needs are met and to protect staff and inmates/probationers/parolees from unnecessary exposure to communicable disease. Health intake screenings not completed by a Registered Nurse (RN) will be reviewed and initialed upon completion.

2. All findings by health care provider are recorded on the *Preliminary Medical Screening* 720_F8.

3. When health care providers are not available, staff trained in the provision of basic health care will complete the *Health Screening - Health-Trained Staff* 720_F10.

4. The screener will send the form to health care staff for review by a RN and inclusion into the inmate's Health Record.

B. Written procedures and screening guidelines are established by the responsible physician in cooperation with the facility Unit Head. The screening must include at least the following: (5-ACI-5A-01; 4-4285)

1. Inquiry into:

a. Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications

b. Current illness and health problems, including communicable diseases, and mental illness

c. Current or prescribed medications

d. Any dental problems

e. Any mental health problems including suicide attempts or ideations

f. Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)

g. The possibility of pregnancy and history of problems (female only)

h. Any past history of mental illness, thoughts of suicide, or self-injurious behavior attempts

i. Other health problems designated by the responsible physician

2. Observation of:
   a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
   b. Body deformities, ease of movement, and so forth
   c. Condition of the skin, including abuse or trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and visible signs of needle marks or other indications of drug abuse
3. Medical disposition of the inmate:
   a. General population
   b. General population with prompt referral to appropriate health care services
   c. Referral to appropriate health care services for emergency treatment
4. Inmates who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance by the examining health care practitioner.

C. For inmates on medication, a health care practitioner should decide whether to continue, discontinue, or modify the medication within 24 hours of arrival and prescribe accordingly. Medication should be available to the inmate at a time considered appropriate by the health care practitioner.

III. Mental Health Screening

A. A health care provider or a Psychology Associate will perform an intake mental health screening upon the inmate's arrival at a Reception and Classification Center. All findings are recorded on the *Preliminary Medical Screening* 720_F8. The mental health screening includes, but is not limited to:

1. Inquiry into:
   a. Whether the inmate has a present suicide ideation
   b. Whether the inmate has a history of suicidal behavior
   c. Whether the inmate is presently prescribed psychotropic medication
   d. Whether the inmate has a current mental health complaint
   e. Whether the inmate is being treated for any mental health problems
   f. Whether the inmate has a history of inpatient and outpatient psychiatric treatment
   g. Whether the inmate has a history of treatment for substance abuse
   h. Whether the inmate has a history of trauma
2. Observation of:
   a. General appearance and behavior
   b. Evidence of abuse and/or trauma
   c. Current symptoms of psychosis, depression, anxiety, and/or aggression
3. Disposition of inmate:
   a. General population
   b. General population with appropriate referral to mental health care service
   c. Referral to appropriate mental health care service for emergency treatment

IV. Laboratory and Diagnostic Studies

A. The following laboratory and diagnostic studies are required for all inmates entering institutions or CCAP facilities; COV §32.1-59, *Examination and treatment in certain institutions*, will be documented on the *Practitioners Receiving Intake Form - Female, Practitioners Receiving Intake Form - Male, Receiving Nursing Intake Form - Female,* and *Receiving Nursing Intake Form - Male*.

1. Laboratory Tests for newly received inmates should include:
   a. RPR (Syphilis)
   b. CBC (Complete Blood Count) with diff
   c. Comprehensive Metabolic Panel (CMP-14)
   d. Urine pregnancy test
   e. Urine for Chlamydia and Gonorrhea (males)
   f. Urinalysis
   g. Cervical cytology (Pap test) and testing for Chlamydia and Gonorrhea (females)
   h. TST (Tuberculin Skin Test)
   i. Chancroid, if symptomatic
   j. Granuloma inguinale, if symptomatic
   k. HIV
   l. Hepatitis C Virus Antibody
2. Immunizations and vaccines to include: Tetanus Diphtheria (Td) or Tetanus, Diphtheria Pertussis (Tdap), Hepatitis A, Hepatitis B, Influenza, and Pneumococcal if indicated per *DOC Medical Guidelines* on the DOC Intranet.
3. Chest X-ray for HIV positive inmates only unless pathology exists and further study is needed

V. Health Appraisals (5-ACI-6A-25; 4-4365; 4-ACRS-4C-07 [I]; 2-CO-4E-01)

A. Each inmate newly admitted to a CCAP facility who was not transferred from a DOC facility will undergo a medical examination within 14 days of admission. (4-ACRS-4C-07 [CC])

B. A comprehensive health appraisal for each inmate, excluding intra-system transfers, is completed as defined below after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated Health Authority.

1. A mental health appraisal will be completed in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
2. The health appraisal conforms to age and gender recommendations in accordance with the *DOC Inmate Health Plan*, which is based on generally accepted national guidelines.
3. The health appraisal includes the following:
   a. Within 14 days after arrival at the facility, but sooner for incoming inmates with more urgent conditions, and in all cases consistent with the degree of urgency:
      i. A review of the earlier receiving screen
      ii. The collection of additional data to complete the medical, dental, mental health, and immunization histories
      iii. Laboratory or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis
      iv. Record of height, weight, pulse, blood pressure, and temperature
      v. Other tests and examinations, as appropriate
   b. Within 14 days after arrival for inmates with identified significant health care problems:
      i. Medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
      ii. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other health care provider, if such is authorized in the medical practice act
      iii. Initiation of therapy, when appropriate

iv. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

c. Within 30 days after arrival for inmates without significant health care problems:
   i. Medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening-no identified acute or chronic disease, no identified communicable disease, and so forth).
   ii. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other health care provider.
   iii. Initiation of therapy, when appropriate
   iv. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

4. Health appraisal data collection and recording will include the following:
   a. A uniform process as determined by the Health Authority
   b. Health history and vital signs collected by health-trained staff or a health care provider
   c. Collection of all other health appraisal data performed only by a health care provider
   d. Review of the results of the medical examination or tests and identification of problems is performed by a health care provider, as allowed by law.
   e. A written treatment plan is required for inmates requiring medical supervision, including chronic and convalescent care.
   f. Documentation will be completed on the *Medical Classification C&R 7* 720_F15.
5. The history and physical will include the following:
   a. Review of the jail medical record when available
   b. Review of *Preliminary Medical Screening* 720_F8 and *Health Screening - Health-Trained Staff* 720_F10
   c. Collection of additional data to complete the medical, dental, mental health, and immunization histories
   d. Review the results of test, examinations, identification of problems by a physician or other health care provider , and all lab studies
   e. Record of prior hospitalizations, including psychiatric hospitalizations, and history of tuberculosis
   f. Allergies, immunization status, laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
   g. Obstetrical history
   h. Medical examination, including review of mental and dental status
   i. Record of height, weight, pulse, blood pressure, and temperature
   j. Initiation of therapy, when appropriate
   k. Development and implementation of a treatment plan, including recommendation concerning housing, job assignment, and program participation.
6. A physical examination will not be conducted for the sole purpose of determining the genital status when a transgender or intersex inmate's genital status is unknown. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private. (§115.15[e], §115.215[e])
7. Inmates identified with conditions that indicate a need to be followed in a chronic care clinic, or have any other non-urgent follow-up needs will be identified when they are assigned to their first permanent facility.

C. Reception and Classification Center staff will pursue the diagnosis and treatment of abnormal results only if a clinical urgency is perceived, or if six months has elapsed since the findings. These abnormalities will be documented on the *Medical Transfer Comments* 720_F24 and follow-up initiated at the first

permanent facility.

D. Reception and Classification Center staff should make the initial infectious disease clinic appointment for inmates requiring antiretroviral medications for treatment of HIV.

VI. Out-of-State Inmates

A. Inmates received from out of state on contract will be processed at their assigned facility and should have a health assessment to include:

1. Health history and inquiry into complaints
2. Review of medical record
3. Labs and examination as indicated
4. Completion of a *Medical Classification C&R 7* 720_F15 with available information from out of state record, and addition of any test or examinations as a result of health history/inmate complaints.

B. Inmates received by interstate compact are processed through Reception and Classification Centers the same as Virginia inmates.

C. Upon entry into a facility, "in transit" inmates will receive a health screening by health-trained staff or a health care provider. (5-ACI-6A-24; 4-4364)

1. The finding will be recorded on the *Health Services Complaint and Treatment Form* 720_F17 and will accompany the inmate to all subsequent facilities until the inmate reaches their final destination.
2. Health screenings will be reviewed at each facility by a health care provider.
3. A complete health appraisal will be completed upon the arrival at the assigned facility.

VII. Refusal of Health Appraisal

A. Every inmate has the right to refuse a health appraisal. This right must be respected.

B. Any inmate who refuses to submit to an examination, testing, or treatment or to continue treatment-will be placed in medical isolation until such time as it is ascertained that no contagious disease is present. The Epidemiology Nurse and the Chief Physician will be notified.

C. Inmate refusal of the health appraisal and staff efforts to gain compliance should be documented on the *Health Services Complaint and Treatment Form* 720_F17 and *Health Services Consent to Treatment; Refusal* 720_F3.

VIII. Assignment of Medical Classifications

A. CCAP's

1. Probationers and/or Parolees assigned to a CCAP will not be medically classified and assigned a location code.
2. All probationers and/or parolees assigned to a CCAP should meet the following health eligibility criteria:
   a. The probationer and/or parolee must be physically and mentally capable to perform work
   b. The probationer and/or parolee must not require daily nursing care
   c. The probationer and/or parolee must be able to function independently
3. A probationer and/or parolee may be removed from a CCAP when unable to participate due to a health related issue as determined through an evaluation by the appropriate Health or Medical Authority, i.e., facility nurse, physician, or Psychology Associate.
   a. Recommendations for removal from the program, due to health related issues, may be made during intake or at any time the probationer and/or parolee develops health related problems making them unsuitable for participation in the program.

b. Recommendations for removal from the program should be submitted to the Senior P&P Officer and forwarded to the facility Unit Head for action.

c. If it is medically appropriate and approved by the facility Unit Head and the sentencing court, an probationer and/or parolee may be released to receive medical treatment and then re-enter the CCAP once medically able.

B. Institutions

1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, inmates are medically classified and assigned a location code; see *Standard Treatment Guidelines - Medical/Location Codes*.

   a. A physician will assign the inmate's medical activity classification

   b. The Health Authority or designee will assign a medical location classification

2. The following medical categories must be considered in identifying inmates who may require medical classification and possible separation for appropriate diagnosis and treatment;

   a. Communicable disease

   b. Physical disability

   c. Cognitive or developmental disability

   d. Serious mental illness

   e. Risk of harm to self

   f. Chronic illness and debility

   g. Systemic Allergies; see *Standard Treatment Guideline - Offenders with Systemic Allergies Housed at Field Units or Work Centers (Non-24 Hour Nursing Facilities)*.

3. Upon completion of medical classification, the medical code, mental health code and location code must be entered into VACORIS.

   a. The *Medical Classification C&R 7* should be forwarded to the person at the facility designated by the facility Unit Head to input this information into VACORIS.

   b. A Psychology Associate will assign and input the inmate's mental health code in VACORIS; see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.

4. No inmate will be allowed to sign a waiver or other document for the purpose of obtaining a medical and location code other than the code determined based on the inmate's current health and medical history.

IX. Dental Appraisal

A. Inmates will receive a dental screening and classification in accordance with Operating Procedure 720.6, *Dental Services*.

B. Only emergency dental needs should be treated during reception and classification.

X. Changes in Medical or Location Codes

A. Changes in the medical classification or location code will be noted in VACORIS, recorded on the *Health Services Complaint and Treatment Form* 720_F17, and notated on the *Problem Sheet* 720_F32.

1. The physician will change the inmate's medical classification code whenever the inmate's condition so indicates.

2. The Health Authority or designee will change the inmate's location code whenever the inmate's condition indicates.

B. The facility Unit Head will designate facility staff responsible for ensuring that the current medical classification and location codes are entered into VACORIS.

XI. Medical and Mental Health Intra-system Transfer Screening (5-ACI-6A-22; 4-4363; 4-ACRS-4C-06 [I])

A. All inmates will receive a medical and mental health screening by health-trained staff or a health care provider upon arrival to a facility. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers within the same complex.

B. All data collected by health care provider on admission to the facility will be recorded on *Intra-system Transfer Medical Review (DOC 726-B)* 720_F9.

C. Facilities without 24-hour health care staff will have health-trained staff screen inmates when the health care providers are absent.

1. Health-trained staff will complete the *Health Screening - Health-Trained Staff* 720_F10 immediately upon the inmate's arrival at the facility.
2. The screener will send the form to health care staff for review by a RN and inclusion in the inmate Health Record.

D. Intra-system transfer health screening will include:

1. Inquiry into whether:
   a. The inmate is being treated with a medical or dental problem
   b. The inmate is currently on medication
   c. The inmate has a current medical or dental complaint
   d. The inmate has a present suicidal ideation
   e. The inmate has a history of suicidal behavior
   f. The inmate is presently prescribed psychotropic medications
   g. The inmate has a current mental health complaint
   h. The inmate is being treated for a mental health problem
   i. The inmate has a history of inpatient or outpatient psychiatric treatment
   j. The inmate has a history of treatment for substance abuse
2. Observation of:
   a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
   b. Body deformities and ease of movement
   c. Conditions of the skin, including abuse or trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and visible signs of needle marks or other indications of drug abuse
   d. Current symptoms of psychosis, depression, anxiety, and/or aggression
3. Disposition of inmate:
   a. General population
   b. General population with prompt referral to appropriate health care or mental health service
   c. Referral to the appropriate health or mental health care service for emergency treatment

XII. Levels of Care (2-CO-4E-01)

A. Various levels of care are established to assure appropriate medical care is available to all inmates. Continuity of care will be maintained from admission to discharge, or transfer from the facility. (5-ACI-6A-04; 4-4347)

B. When indicated, inmates will be referred to local health care providers in accordance with utilization management guidelines. (5-ACI-6A-04; 4-4347)

C. Assignment to the appropriate level of care is based on medical need. Special purpose medical beds should not be used for population management except in emergencies. Inmates placed in medical

observation beds used for population management bed/non-medical will be considered observation inmates. They will continue to receive the same services as appropriate for their housing assignment.

D. Inmates may not choose their own practitioner or specialist. This includes physicians, physician extenders, and nurses inside and outside the DOC.

1. Basic care - All inmates have access to medical care in accordance with Operating Procedure 720.1, *Access to Health Services*. Facility assignment may be based on inmate need for access to full time or specialized health care.

2. Chronic care

   a. All inmates, including those in a CCAP, will have continuity and coordination of care for chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The inmate will be monitored per *DOC Chronic Care Guidelines* including: (5-ACI-6A-18; 4-4359)

      i. Medications monitoring
      ii. Laboratory testing
      iii. Chronic care clinic use
      iv. Health record forms
      v. Specialist consultation and review as determined by the Medical Authority

   b. Facilities will develop a system to provide chronic care to inmates in restorative housing units as well as general population.

   c. A written treatment plan is required for inmates requiring health care supervision, including chronic care. This plan includes directions to health care staff and other staff regarding their roles in the care and supervision of the inmate, and is approved by the appropriate health care practitioner for each inmate requiring a treatment plan. (5-ACI-6A-07; 4-4350)

   d. There is consultation between the facility Unit Head or a designee, and the responsible health care practitioner or designee, prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: (5-ACI-6C-06; 4-4399)

      i. Housing assignments
      ii. Program assignments
      iii. Disciplinary measures
      iv. Transfers to other facilities

   e. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

3. Assisted living

   a. The Health Services Unit designates facilities to provide assisted living care. Each facility with an assisted living unit will develop procedures to define the scope of services available.

   b. Trained staff will be available at all times to provide assistance when needed.

4. Convalescent Care (Medical Observation Unit)

   a. Each facility that provides convalescent care will develop procedures for those inmates medically admitted to the medical observation unit for convalescent care to define the scope of services available.

      i. A written treatment plan is required for inmates requiring health care supervision, including convalescent care. (5-ACI-6A-07; 4-4350)
      ii. This plan includes directions to health care staff and other staff regarding their roles in the care and supervision of the inmate, and is approved by the appropriate health care practitioner for each inmate requiring a treatment plan. (5-ACI-6A-07; 4-4350)

   b. The inmate may be temporarily removed from the general population and housed in the medical observation unit with readily access to health care staff.

i. There are sufficient bathing facilities in the medical observation unit to allow inmates housed there to bathe daily. (5-ACI-6E-02; 4-4417)

ii. Inmates have access to operable washbasins with hot and cold running water in the medical observation unit at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio. (5-ACI-6E-03; 4-4418)

iii. Inmates have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical observation unit. (5-ACI-6E-04; 4-4419)

(a) Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities.

(b) Urinals may be substituted for up to one-half of the toilets in male facilities.

(c) All housing units with three or more inmates have a minimum of two toilets.

iv. These ratios apply unless state or local building or health codes specify a different ratio.

c. A prescriber will be available on call 24 hours per day.

d. At a minimum, a RN will be onsite when an inmate is present.

e. All admissions and discharges require a prescriber's order at least via phone and the prescriber will see the inmate by the prescriber's next scheduled working day.

f. All admissions to convalescent care will be documented on the *Health Services Complaint and Treatment Form* 720_F17 that will include the following:

i. Vital signs

ii. Weight

iii. The prescriber and reason for the admission

iv. Any complaints and observations

v. Any treatment or care provided to the inmate.

g. All encounters with inmates will be documented on the *Health Services Complaint and Treatment Form* 720_F17.

h. Vital signs, complaints, and observations will be completed within two hours of the start of every nursing shift.

i. Medical rounds must be conducted as part of the report at each nursing shift change.

j. While in convalescent care, an inmate may only consume food items provided by the facility food service department or ordered by the Medical Authority.

5. Infirmary care

a. All inmates have access to infirmary care if needed either within the correctional setting or off site. Facilities providing on-site infirmary care are designated by the HSU. (5-ACI-6A-09; 4-4352)

b. If provided onsite, infirmary care includes, at a minimum, the following: (5-ACI-6A-09; 4-4352)

i. Infirmary care is appropriate to meet the serious medical needs of inmates. This includes physical plant accommodations and hygiene, privacy, heat, and staffing.

ii. Each facility with an infirmary will follow the *DOC Infirmary Manual* on the DOC Intranet. The DOC *Infirmary Manual* must be printed and made available to all staff at all times.

iii. A physician on call or available 24 hours per day

iv. A RN will be present 24 hours per day when inmates are housed in the infirmary.

v. All inmates are within sight or sound of a staff member and a RN is on site 24 hours per day.

vi. Nursing care procedures per the *DOC Infirmary Manual*.

vii. All nursing infirmary admission paperwork must be completed within eight hours and placed in

the inmate's Health Record each time an inmate is placed into a DOC infirmary.

viii. Compliance with applicable state statutes and local licensing requirements

ix. Sufficient bathing facilities in the medical infirmary area to allow inmates housed there to bathe daily. (5-ACI-6E-02; 4-4417)

x. Access to operable washbasins with hot and cold running water in the medical infirmary area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio. (5-ACI-6E-03; 4-4418)

xi. Access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical infirmary area. (5-ACI-6E-04; 4-4419)

(a) Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities.

(b) Urinals may be substituted for up to one-half of the toilets in male facilities. Infirmaries with three or more inmates have a minimum of two toilets.

(c) These ratios apply unless state or local building or health codes specify a different ratio.

c. Medical rounds must be conducted as part of the report at each nursing shift change.

d. Vital signs, complaints, and observations will be completed and documented within two hours of the start of every nursing shift.

e. Approved *Infirmary Forms* can be found on the DOC Intranet under Health Services, Patient Care Services - Institutions, Infirmary. Approved *Infirmary Forms* should be printed on blue paper and placed in Section VI in the eight-part record.

f. While in infirmary care, an inmate may only consume food items provided by the facility food service department or ordered by the Medical Authority.

6. Outpatient Surgery (Including Dental)

a. Will be obtained locally whenever possible

b. When infirmary or convalescent care is needed for a limited time following outpatient care, the closest facility with an appropriate bed will be contacted in advance, when possible, to make arrangements. The HSU Clinical Coordinator will be notified of this arrangement in order to obtain authorization from Central Classification Services (CCS) for the temporary transfer.

c. When infirmary or convalescent care is needed unexpectedly, the HSU Clinical Coordinator will be notified and may assist as needed to find an available bed.

7. Hospital care; see *Inmate Medicaid Inpatient Program* section of this operating procedure

a. Hospital care provides inpatient services for an illness or diagnosis requiring 24-hour clinical management in a hospital licensed to provide such service. Hospital care is beyond the scope of practice that can be provided within DOC facilities.

b. Inmates who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provision to a facility where such care is available. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually. (5-ACI-6A-05; 4-4348)

c. Hospital care is available locally to each facility either through designated security wards controlled by DOC staff or through agreements established with local hospitals.

d. If an inmate housed in a CCAP requires admittance to a hospital or DOC infirmary, the inmate must sign a *Hospital or DOC Infirmary Admission Permission* 720_F21.

e. Inmates admitted to local hospitals requiring extended hospital care may be transferred to a hospital with a DOC security ward when the attending physician approves the transfer and arranges with a physician to accept the inmate into the hospital with a security ward. The HSU Clinical Coordinator is to be notified that this move is occurring.

8. Detoxification is done only under medical supervision in accordance with local, state, and federal laws. (5-ACI-6A-41, 4-4376)
    a. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center.
    b. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs.
9. Inmates with disabilities
    a. Inmates are essentially dependent on the physical conditions of and the services provided at the facility.
        i. Facility staff will make reasonable accommodations for physically challenged and mentally ill inmates, consistent with and as required by the law.
        ii. Accommodations will include but will not be limited to medical and mental health care, physical plant, medication, protection from heat injury, skilled nursing care, and programming.
        iii. Health care, security, and other staff will not discipline inmates for their disabilities and must provide personal safety protection for those with disabilities, especially the elderly.
        iv. Inmate access to medical services and wheelchair access in dining halls will provided at each facility.
        v. Toilet access will be provided for inmates consistent with their medical needs as determined by a health care provider.
    b. To the extent feasible, inmates with disabilities should be placed in general population settings. Inmates with disabilities who require special health care and services will be placed in settings that provide reasonable accommodations for the inmate's needs without an undue hardship to the facility based on its structure and mission.
    c. Inmates with disabilities are housed in a manner that provides for their safety and security. (5-ACI-2C-11; 4-4142)
        i. Housing used by inmates with disabilities is designed for their use and provides for integration with other inmates.
        ii. Programs and services are accessible to inmates with disabilities who reside in the facility.
    d. Appropriately trained staff should be assigned to assist inmates who cannot otherwise perform basic life functions. Inmates should be limited to providing assistance in such matters as ambulation and should not provide personal care such as bathing.
    e. The facility staff should provide education, equipment and facilities, and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment. (4-ACRS-6A-04-2)
    f. Durable medical equipment in appropriate working order, supplies, disability aids, and prostheses are ordered, maintained, provided, and available for inmate use, as medically necessary.
    g. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the inmate's consent, as prescribed by the inmate's physician.
    h. Training and education - Each facility should develop and implement training for security and health care staff on the needs and care of inmates with disabilities who are housed at that facility.
    i. Disabilities and certain medical conditions may require modification to standard restraint procedures; see Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*.
    j. Health care staff should provide guidance in the application of restraints to inmates housed in convalescent units and infirmaries.
10. Deaf and hard of hearing inmates

a. Inmates with reported hearing disabilities will be referred to the facility-attending health care practitioner for examination and diagnosis. Consultation with, or referral to, a specialist may be appropriate to determine the extent of the disability.

b. The inmates attending DOC health care practitioner will certify and advise the facility Unit Head if the inmate needs a special non-medical accommodation or qualified sign language interpreter. In such cases an interpreter must be provided at no expense to the inmate in the following situations:

i. Medical screenings and services as defined by the DOC

ii. Mental health interviews and services as defined by the DOC

iii. Due process issues as defined by DOC procedures, to include disciplinary hearings, adverse classification hearings, parole hearings, or any other hearing that may adversely affect the inmate

c. In cases where an inmate cannot read, speak, is dyslexic, or cannot lip-read, the facility should contact the ADA Coordinator for further review.

11. If telehealth is used for inmate/probationer/parolee encounters, the plan includes: (5-ACI-6C-11; 4-4403-1)

a. Inmate/probationer/parolee consent; see *Consent to Participate in a Telehealth Consultation* 720_F22

i. For participation in telehealth consultation

ii. For release of relevant confidential or protected health information

b. Documentation of the encounter in the *Progress Notes*

c. File documentation in the appropriate section of the inmates/probationers/parolees Health Record

d. Mobile video telehealth devices may include the following:

i. iPads

ii. Tablets

iii. Microsoft Surfaces

iv. Telehealth cell phones

v. Telehealth MiFi's

vi. Webcams

(a) All mobile video telehealth devices must be stored in a secure location. When not in use, these devices must be stored in a locked cabinet/drawer in the medical unit, a locked cabinet/drawer in a locked Psychology Associate II office, or a secure dental unit area that does not have unaccompanied inmate/probationer/parolee access.

(b) All mobile video telehealth devices and components must be inspected and accounted for by each unit (medical, mental health, and dental) with each shift change and documented on *Telehealth Electronic Device Control Record* 720_F42.

(c) The Health Authority or designee and the Chief of Security must inventory and inspect all mobile video telehealth devices monthly and document on *Telehealth Electronic Device Control Record* 720_F42.

(d) Reference Attachment 2, *Mobile Telehealth Device Information* and Attachment 3, *Overview: Telehealth Mobile Device, Storage, Access, and Use* for further guidance.

XIII. Utilization Management Program

A. The Utilization Management Program works to enhance quality of care by providing timely access to an appropriate level of care.

1. Other than for medical emergencies as determined by the facility Health or Medical Authority, any referral for medical services beyond the services available in DOC facilities must be reviewed by the Utilization Manager (UM) or designee.

2. The referring physician will document the requested procedure or consultation in the inmate's Health

Record progress notes as an order that includes the following information:

a. Procedure, treatment, or modality requested

b. Medical history

c. Pertinent physical or ancillary findings

d. Past and present treatments and response including medications

3. The Quality Medical Care (QMC) system is the electronic utilization management tool through which health care practitioners located at state-operated medical departments submit requests for inmate off-site care to include those facilities with individually contracted health care practitioners.

   a. Facilities at which a private vendor is contracted to operate the entire medical department, the vendor will have their own electronic utilization management tool as determined by the private vendor.

   b. The private vendor will follow the DOC Utilization Management process outlined in this operating procedure.

4. All Utilization Management requests; see Attachment 1, *Utilization Management Request (Sample)*, must be reviewed within five working days.

   a. All urgent Utilization Management requests are reviewed within 48 hours.

   b. Alternate recommendations will only be issued by a licensed physician.

5. An authorized health care practitioner or their approved designee must complete the QMC on-line *Consultation Request Form* to initiate the review for off-site care and will print a copy of the *Request* for the inmate Health Record.

6. After review of the *Consultation Request Form*, the UM will take one of the following actions:

   a. Recommend and authorize a specific diagnostic or therapeutic modality

   b. Suggest an alternative treatment plan

   c. Request additional information

7. The original *Consultation Request Form* in the inmate Health Record will be replaced with the *Consultation Request* with the UM's response documented.

8. Inmate consent for all medical, surgical, or special procedures must be obtained; see Operating Procedure 720.1, *Access to Health Services.*

9. Only medically necessary consultations will be approved. When alternative treatment is recommended, the health care practitioner should prescribe the alternative treatment, if in agreement. Elective surgical procedures for inmates will not be approved. (5-ACI-6C-05; 4-4398)

10. If a diagnostic or therapeutic modality is approved, the requesting facility health care practitioner may proceed with the scheduling of the modality. A printed copy of the *Request* and its approval by the UM will serve as reference in the inmates Health Record.

11. If the UM's recommendation is an alternate treatment plan, the requesting health care practitioner will contact the UM if there are any questions, extenuating circumstances, or areas of concern.

    a. The requesting health care practitioner is responsible for discussing the alternative action plan with the patient.

    b. The health care practitioner is encouraged to call the UM to discuss atypical cases or concerns regarding the Utilization Management process.

    c. If, after discussing the case with the UM, the physician is not in agreement with the response from the UM, the physician may appeal to the Health Services Director, who will review the appeal and make a decision or defer to a panel of physicians to review the case and make a decision. The Health Services Director will forward the decision to the appealing physician and copy the UM.

    d. Health care practitioners working for private vendors who disagree with the utilization decision made by the private vendor's UM can appeal the utilization decision to the Health Services Director

who will review the case with the DOC Chief Physician. The final decision will be forwarded to and discussed in private with the private vendor's UM.

e. If alternative treatment is to be pursued, do not write in the inmate Health Record "Request denied by UM." Please use terms such as "alternative treatment recommended." If the physician agrees that the consultation is not medically necessary, the physician is encouraged to explain this to the inmate and document accordingly.

12. Initial referrals must be accomplished within 30 days of the initial request. When this is not possible, unless otherwise indicated, a physician will see the patient every 30 days to review for deterioration and increased urgency until the referral visit is accomplished.

13. When the inmate is transported to a consult appointment, the *Health Services Consultation Report* 720_F23 with the top portion completed, along with copies of any pertinent lab, x-ray, MAR, or other reports should be sent with the inmate.

    a. The first follow-up visit after surgery does not require a *Consultation Request Form*.

    b. Consultant care recommendation(s) will be documented in the inmate Health Record notated whether the recommendation(s) were followed or amended, with Health Record documentation of the rationale for not following the consultant's recommendation(s).

        i. Follow-up appointments will be scheduled by facility staff and completed, as per the consultants' orders or as determined by the facility physician.

        ii. Some types of follow-up care can be provided by the facility physician without transporting the inmate to the consultant.

14. Dental consultations

    a. Facilities with DOC dental staff should submit requests for dental consultations to the Chief Dentist in accordance with the requirements in this operating procedure for submitting medical consultations.

    b. Facilities with contract dental services should follow the instructions of the contract vendor for dental consultations.

B. Quality Medical Care (QMC) system

1. Access to the QMC system must be controlled so that confidential medical information is protected and can only be accessed by health care staff who have a need to access the information for the purpose of providing off-site health care for inmate's.

2. Access to the QMC system requires that the individual being granted access has a VACORIS account and a Commonwealth of Virginia account number.

3. A request to grant an employee access to the QMC system must be submitted in writing by email to the QMC system owner (Chief Physician) or the owner's designee (only in the owner's absence).

    a. The request for access must be submitted by the facility Health Authority or by the appropriate Chief (Medical, Dental, or Nursing).

    b. The submitter must ensure that the employee requires access to the QMC system in order to submit/manage off-site requests for inmates.

4. After receiving a written request, only the QMC system owner or the owner's designee (in the owner's absence) can grant access to the QMC system.

    a. If access is granted the QMC system owner will create a user account (or profile), which includes the user's COV account number, name, facility, user role, and contact phone number.

    b. The QMC system owner will assign a user role based on what the individual's function will be in using the QMC system.

        i. The following user roles are available in the QMC system:

            (a) Approver/Medical Administrator - HSU employees, generally the Chief Physician and the Health Services Director, who are able to approve requests for off-site care in the QMC system as well as add or inactivate users in the QMC system.

(b) Approver/Dental Administrator - A health services staff member, generally the Chief Dentist, who is able to approve requests for off-site dental care in the QMC system as well as add or inactivate users in the QMC system.

(c) Approver Medical - A staff member who is able to approve medical requests for off-site care submitted in the QMC system but who is not able to add or inactivate users in the QMC system.

(d) Approver Dental - A staff member who is able to approve dental requests for off-site care submitted in the QMC system but who is not able to add or inactivate users in the QMC system.

(e) Provider - A Physician, Nurse Practitioner, or Physician Assistant who provides direct patient care to inmates and is assigned. Provider status in the QMC system at the facility in which they deliver care. Provider status allows them to access and manage QMC requests for inmates at the facility in which they work but does not allow them to approve off-site requests or to add or inactivate users in the QMC system.

(f) Designee – A Nurse, Dental Assistant, or a Medical Clerk assigned the task of submitting and coordinating off-site care for inmates. Designees are assigned to specific Practitioners/Providers and can only enter and access off-site request for/from Practitioners to which they are assigned staff member at a facility assigned to the medical provider at that facility who can access and manage a QMC request for that provider. The Designee must be assigned to the Provider by the QMC owner upon request of the facility Health Authority.

ii. Only Approvers can approve off-site medical care.

iii. Designees and Practitioners cannot approve off-site care.

iv. Any of these roles can enter a request for off-site care for an inmate. However, the system will not allow anyone to both enter and approve a request for off-site care.

5. Whenever an individual with access to the QMC system leaves state employment or changes jobs such that they no longer require access to the QMC system, the facility Health Authority is to notify the QMC system owner by email so that individual's QMC account can be inactivated, rendering them unable to access the QMC system.

6. Users at facilities can only access confidential medical information for inmates who are housed at the locations assigned to the QMC User in their account. The inmate's Provider, the Designee assigned to the Provider, and the Approver, only, can access an inmate's confidential medical information in the QMC system.

7. QMC system integrity

   a. Monitoring user activity will confirm that individuals with access to the system require access and are using the system for legitimate purposes, as well as verify that access to the system and its confidential medical information is not available to anyone who does not have a legitimate need to access the information.

   b. The QMC owner will conduct a yearly audit of users who have access to the QMC system by contacting facility Health Authorities in order to review their staff who have QMC access.

      i. The audit will also include a manual review of the QMC system user list.

      ii. Anyone found to have QMC access who no longer requires access will have their account inactivated in the QMC system.

   c. All requests submitted in the QMC system are routed to the Chief Physician, Approver Medical/Administrator, or the Chief Dentist, Approver Dental/ Administrator, who review all requests for off-site care (unless a designee is assigned in their absence). The Chief Physician and Chief Dentist must continuously monitor the QMC system for proper use and integrity.

8. QMC system availability

   a. In the event the QMC system is disabled, the following process is in place to track requests for off-site care already entered into QMC and to submit requests for off-site care for inmates.

      i. Facility staff at facilities using the QMC system should keep a hard copy of all requests

submitted in the QMC, or maintain a log of all requests submitted in QMC.

ii. If the QMC system becomes disabled, requests for off-site care should be submitted via email to the Chief Physician or Chief Dentist.

b. In the unexpected absence of the QMC owner, the Health Services Director also has Approver/Medical Administrator status and is able to access and manage the QMC system.

XIV. Inmate Medicaid Inpatient Program

A. Inmates admitted to a hospital for more than 24 hours may be eligible to have their bills paid through Medicaid instead of Anthem. Once an inmate is approved for the Inmate Medicaid Inpatient Program, the hospital should be provided the inmate's Medicaid information instead of the Anthem billing information for inpatient admissions.

B. Inmates in the following groups are eligible for Medicaid coverage.

1. Aged 19-64 with income less than 138% of the Federal Poverty Level and income of $1,397 or less per month

2. Age 65 or over with less than $2000 in their Inmate Trust System account and income of $766 or less per month

C. Upon intake to the DOC, each inmate should be questioned by a Case Management Counselor to determine if they have ever received Supplemental Security Income or been eligible for Medicaid.

1. If the inmate answers yes, facility staff should attempt to confirm the inmate's Social Security Number and obtain their Medicaid number.

2. Affirmative responses and the Medicaid number should be submitted to health care reimbursement staff.

D. Applying for Medicaid payment of hospital bills

1. The Health Authority at each facility will be responsible for notifying health care reimbursement staff located at DOC Headquarters of all inmate hospital admissions by submitting an *Institutional Inpatient Admission Report* 720_F30 either by email to health care reimbursement staff at InPatientMedicaid@vadoc.virginia.gov or fax to 804-674-3531, prior to the inmate being discharged from the hospital if possible.

a. Healthcare reimbursement staff will review the specific inmate information for Medicaid eligibility criteria.

b. Healthcare reimbursement staff will review inmate Trust Accounts to determine Medicaid financial eligibility.

2. For all inmates who meet financial eligibility requirements, health care reimbursement staff will work with the facility's identified Medicaid Point of Contact to arrange for a Medicaid application to be completed.

a. Inmate Medicaid applications should be completed by phone with the Department of Medical Assistance Services (DMAS) Call Center designated for incarcerated individual applications.

i. The Case Management Counselor or designee, will assist the inmate with completing the Medicaid application over the phone

ii. The Medicaid application must be labeled as an "Expedited Application" and "Retro Coverage" must be requested when contacting the DMAS Call Center for applications submitted as the result of an inpatient stay.

iii. The Case Management Counselor or designee, is to report back to the health care reimbursement staff requesting the application with the date of the application and the application confirmation T# provided by the DMAS Call Center

b. If the inmate is unable to complete a telephone application for any reason, a paper application may be completed.

i. Facility staff must work with health care reimbursement staff to assist in completing the appropriate paper application. A copy of the completed application must be provided to the inmate.

ii. Health care reimbursement staff will arrange for the submission of the paper application to the DMAS Call Center

c. For special circumstances, and with the prior approval of DMAS, an online application may be completed. This application will also need to be coordinated with health care reimbursement staff.

d. Medicaid coverage information for each inmate is transmitted weekly via a data exchange from the DMAS information system into VACORIS. The current Medicaid coverage status can be found by running a status report for Medicaid coverage in the reports section of VACORIS.

XV. Medical Transfers

A. Each facility must provide a transportation system that assures timely access to services that are only available outside the correctional facility. (5-ACI-6A-06; 4-4349)

1. The Health Authority, or designee, will determine the need for and provide the following as needed:

a. Prioritization of medical need

b. Urgency (for example, an ambulance versus a standard transport)

c. Use of a medical escort to accompany security staff, if indicated

d. Transfer of medical information

2. The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility is the joint responsibility of the facility Unit Head and the Health Authority.

B. Medical Requests for Transfer

1. When facility health care staff determines an inmate requires temporary or permanent assignment elsewhere for medical care, a request for transfer should be submitted to the HSU Clinical Coordinator.

2. Where indicated, the HSU Clinical Coordinator may consult the Chief Physician to determine an appropriate facility assignment.

3. The HSU Clinical Coordinator will notify CCS to prepare the transfer order. CCS will be responsible for forwarding authorization for the transfer, via fax or other means, to the sending and receiving facilities.

4. Any emergency medical transport to a non DOC medical facility should be initiated by the facility Medical Authority or Health Authority with the cooperation of facility security and administrative staff; see Operating Procedure 720.7, *Emergency Medical Equipment and Care*.

C. Transfers of extraordinary medical cases

1. Direct admission to the VCU Medical Center requires physician-to-physician contact.

2. The HSU Clinical Coordinator must be notified when the following occurs:

a. There is a planned or emergency admission to a local hospital or the VCU Medical Center. When emergency admission is on a weekend, the HSU Clinical Coordinator must be notified the next working day.

b. An inmate is discharged from a local hospital or the VCU Medical Center, and the inmate cannot be medically managed at the inmate's currently assigned facility.

c. An inmate's medical needs increase beyond what is available at the inmate's currently assigned facility.

D. Routine transfers

1. Facility nurses will review the Health Records of all inmates who transfer for:

a. Correct and appropriate medical classification and location codes;

b. Appropriateness of transfer

c. Contraindications to transfer

2. If the facility nurse determines the inmate should not be transferred, the HSU Clinical Coordinator will be contacted no later than 1:00 p.m. on the day preceding the scheduled transfer.
3. Prior to transfer, the *Medical Transfer Comments* 720_F24 (pink) will be completed on all inmates, signed, dated, and filed in Section VI of the inmates Health Record. (5-ACI-6D-06; 4-4414) The inmate's current medical conditions, medications, and appointments should be listed.
4. Inmates transferring from one facility to another will be screened by the receiving facility staff in accordance with the *Medical and Mental Health Intra-system Transfer Screening* section above. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers within the same complex. (5-ACI-6D-06; 4-4414)
5. A facility nurse should reconcile all medications and all medications should be continued as ordered at previous facility until seen by the facility physician.
6. The facility Unit Head will develop a referral system to ensure that each inmate transferred to the facility receives a medical screening as soon as possible; and to ensure that any inmate in need of immediate medical attention upon arrival receives needed care.
7. When inmates need transport to another facility, hospital, or clinic, the facility's health care staff will coordinate and cooperate with security staff to determine the conditions of transportation. Necessary security precautions must be utilized, when appropriate, in accordance with the security level of the inmate.

E. Inmate Transfers Requiring Portable Oxygen

1. Inmates who are maintained on oxygen by way of nasal cannula may be transported to the emergency department and/or off-site appointments via facility security vehicle.
2. A full oxygen cylinder must be secured to ensure it will not roll around or fall during transport. A tank holder or portable bag designed to hold an oxygen tank will be required.
3. The oxygen tank cannot be placed in a floorboard or trunk of a vehicle.
4. A RN will confirm the level of oxygen in the tank and administration setting prior to transport.
5. The settings will not be changed by unlicensed staff.
6. Any questions concerning inmate transportation methods must be discussed with the facility provider.
7. Communication with the facility medical department is required for all inmates returning to the facility from off-site appointments.
8. Inmates transported to the emergency department for any non-emergency needs will be transported by a facility security vehicle with continued use of oxygen.
9. Any inmate in acute respiratory distress or with a worsening condition will be transported by ambulance to the emergency department.

REFERENCES

COV §32.1-59, *Examination and treatment in certain institutions*

Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 720.7, *Emergency Medical Equipment and Care*

Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*

Medical Procedures Manual, *Inmate Health Care Plan*

DOC Chronic Care Guidelines

DOC Infirmary Manual

DOC Medical Guidelines

ATTACHMENTS

Attachment 1, *Utilization Management Request (Sample)*

Attachment 2, *Mobile Telehealth Device Information*

Attachment 3, *Overview: Telehealth Mobile Device, Storage, Access, and Use*

FORM CITATIONS

Health Services Consent to Treatment; Refusal 720_F3

Preliminary Medical Screening 720_F8

Intra-system Transfer Medical Review (DOC 726-B) 720_F9

Health Screening - Health-Trained Staff 720_F10

Medical Classification C&R 7 720_F15

Health Services Complaint and Treatment Form 720_F17

Hospital or DOC Infirmary Admission Permission 720_F21

Consent to Participate in a Telehealth Consultation 720_F22

Health Services Consultation Report 720_F23

Medical Transfer Comments 720_F24

Institutional Inpatient Admission Report 720_F30

Problem Sheet 720_F32

Telehealth Electronic Device Control Record 720_F42

Practitioners Receiving Intake Form - Female

Practitioners Receiving Intake Form - Male

Receiving Nursing Intake Form - Female

Receiving Nursing Intake Form - Male